P140000033818

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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06/20/16---01033---006 **35.00

SECRETARY OF STATE

Amend

JUL 11 2016 I ALBRITTON

COVER LETTER

Division of Corporations NAME OF CORPORATION: CHANE DRYWAIL INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at 407-656-3883 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed)



June 24, 2016

ACCOUNTING & PROF SERVICES INC P.O. BOX 1130 OCOEE, FL 34761

SUBJECT: CHANE DRYWALL INC Ref. Number: P16000033818

We have received your document for CHANE DRYWALL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 716A00013364

Articles of Amendment

to
Articles of Incorporation

| CHANE DRYWALL IN | or De |
|---|--|
| | ently filed with the Florida Dept. of State) |
| P1600003381 | · · · · · · · · · · · · · · · · · · · |
| | er of Corporation (if known) |
| · | • |
| Pursuant to the provisions of section 607.1006, Florida Statutes, that Articles of Incorporation: | his Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corporation: | <u>.</u> |
| name must be distinguishable and contain the word "corpora" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." o word "chartered," "professional association," or the abbreviation | or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 7.0 |
| | FE 5 T |
| | |
| C. Enter new mailing address, if applicable: | - 1 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | |
| | <u> </u> |
| D. If amounting the projectional agent and/on registered office | ddagair Florida artor the name of the |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent. | |
| Name of New Registered Agent | |
| Name of New Registered Agent | |
| (Floride | a street address) |
| | |
| New Registered Office Address: | , Florida (City) (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili | |
| i nereoy uccepi ine appoiniment as registerea agent. I am famili | ar with and accept the obligations of the position. |
| | |
| · | |
| Signature of Ne | w Registered Agent. if changing |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> J | John Doe | |
|-------------------------------|-------------------|-----------------------------|---|
| X Remove | <u>v</u> <u>b</u> | Mike Jones | |
| X Add | <u>sv</u> s | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name JORSE A SOBElliA | <u>Addres</u> s |
| 1) Change | 5_ | SOBEILIA | 1697 SKIRKMAN RD APTZOI Orlando FZ 32811 |
| AddRemove | | | orlando 123281/ |
| 2)Change | 5 | Luis J Paetida | 460 E Cypress St Winter barden, FC3478> |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | · | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding (Attach additional shee | ndditional Articles, s, if necessary). (Be | enter change(s)`l specific) | here: | | | |
|---|--|--------------------------------|-----------------|----------------|--------|---|
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| f an amendment prov | ides for an exchange | <u>, reclassification</u> | or cancellation | on of issued s | hares. | |
| provisions for impler (if not applicable, | ienting the amename | int if not contain | ea in the amer | tament itseit: | • | |
| (ij noi applicable, | malcule WA) | | | | | |
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| The date of each amendment(s) adoption: 6/15/1/6 date this document was signed. | , if other than the |
|---|---------------------|
| Effective date if applicable: 6/15/16 (no more than 90 days after amendment file date) | <u> </u> |
| ' (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 6/15/16 | |
| Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| PREsident | |
| (Title of person signing) | |